

| POSITION | INITIALS | ID NO. | DATE |
|---------------------|----------|--------|---------|
| FEE DETERMINATION | SP | | 1-29-99 |
| O.I.P.E. CLASSIFIER | HL | 45 | 1/21/99 |
| FORMALITY REVIEW | | 005674 | 2-1-99 |

INDEX OF CLAIMS

| | | | |
|---|-------------------------------|---|--------------|
| ✓ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| - | (Through numeral)... Canceled | A | Appeal |
| + | Restricted | O | Objected |

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| Claim | Date |
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| Final | |
| Original | |
| 1 | 2/25/99 |
| 2 | 3/11/99 |
| 3 | 10/27/99 |
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If more than 150 claims or 10 actions
staple additional sheet here